

Bulletin on Current Literature

THE NATIONAL SOCIETY

for
CRIPPLED CHILDREN and Adults, Inc.

the Easter Seal Agency

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LAWRENCE J. LINCK, Executive Director

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AMPUTATION—EQUIPMENT

See 738.

AMPUTATION—MEDICAL TREATMENT

674. Glover, John R.

The major amputations. Am. J. of Nursing. Sept., 1950. 50:9:544-550.

"This paper will include information about the surgical procedure and related factors which underly the general plan of treatment. While many of the decisions and procedures discussed are not the nurses' responsibilities, they are factors which influence, and sometimes determine, the nursing care that the patient needs. Nurses working in other hospitals and with various surgeons may find, of course, that practices differ somewhat from those described here."

In the same issue: Nursing care for the amputee, by Mary-Elizabeth Moskopp and Jane Sloan. pp. 550-555.

675. Kolb, Lawrence C.

Psychiatric aspects of treatment of the painful phantom leg. Proceedings, Staff Meetings of the Mayo Clinic. Aug. 2, 1950. 25:16:467-471.

"This report indicates the need for recognizing the underlying psychopathologic problems of patients with the painful phantom in order to advise proper treatment. If the symptom is representative of a psychoneurotic conflict, psychotherapy alone may be effective in relieving the symptom. If the symptom represents a facet in a psychotic depressive reaction, electroshock therapy may be indicated. Prefrontal lobotomy with its attendant postoperative deficit in social adjustment is the method of choice for those patients with symptoms refractory to treatment by the previous methods."

BARUCH COMMITTEE ON PHYSICAL MEDICINE

676. Krusen, Frank H.

Physical medicine and rehabilitation in the United States of America, with special reference to the influence of the Baruch Committee on Physical Medicine and Rehabilitation. Brit. J. of Physical Medicine. Aug., 1950. 13:8:169-177.

The purpose of this article is to describe the rapid development of physical medicine in the United States, as stimulated by the Baruch Committee on Physical Medicine and Rehabilitation, and by other groups, and to stress certain phases of this development which may be of special interest.

A Monthly Bibliography for Workers with the Handicapped

Compiled by the Library of the National Society for Crippled Children and Adults. The publications listed in this issue have been added to the loan collection of the library. Prices and addresses are given when known, so that orders may be sent directly to the publishers. The library does not stock copies for sale. The loan service of the library is extended to organizations and individuals whose local resources are so limited as to make information otherwise unavailable.

BLIND--PARENT EDUCATION

677. Totman, Harriet E.

What shall we do about our blind babies? rev. ed. New York, American Foundation for the Blind, 1950. (13) p.

Reprinted from: What of the Blind? 1938. p.35-49.

The information and advice offered in this pamphlet have proved most helpful and reassuring to parents of a blind infant or preschool child since it was first published in 1938.

Distributed by the American Foundation for the Blind, 15 W. 16th St., New York 11, N.Y.

BLIND--PSYCHOLOGICAL TESTS

678. Levine, Jacob.

Intelligence test scores of newly blinded soldiers, by Jacob Levine and Alan R. Blackburn. J. of Consulting Psychology. Aug., 1950. 14:4:311-315.

"The performance of 624 newly blinded soldiers on the verbal scale of the Wechsler-Bellevue Intelligence Test were presented and analyzed...The significantly poorer performance in the Digit Span test by the group was interpreted to indicate some impairment in sustained attention, possibly, symptomatic of emotional disturbances arising from adjustment to blindness. No significant difference in test performance was observed between subjects who had been blind for different periods of time ranging from 2 to 34 months. The test results support the assumption that blindness does not affect the basic intellectual functions when it occurs in adulthood."

CAMPING

See 699.

CEREBRAL PALSY

679. Spekter, Louis.

Cerebral palsy. Connecticut Health Bul. Aug., 1950. 64:8:217-221.

The incidence, causes and symptoms of cerebral palsy are discussed in this article. This is the first of a series of three articles on the subject; others will appear in subsequent issues of the Connecticut Health Bulletin. Reprints of the complete series will be available from the Connecticut Department of Health.

680. Wilson, Philip D.

Organization for cerebral palsy. Physiotherapy. Aug., 1950. 36:8:153-158.

"Substance of lecture given on May 9 to the London Branch of the Chartered Society of Physiotherapy," by the Chief of Service, Hospitals for Special Surgery, New York City, which has a Cerebral Palsy Clinic.

See also 735.

CEREBRAL PALSY--FICTION

See 739.

CEREBRAL PALSY--INSTITUTIONS--NORTH CAROLINA

681. Cerebral palsy hospital in North Carolina. Crippled Child. Aug., 1950. 28:2:8-9.

An account of the cerebral palsy program in North Carolina which culminated with the opening in Feb. 20, 1950, of the North Carolina Cerebral Palsy Hospital, which is described by pictures and brief text.

CEREBRAL PALSY--MEDICAL TREATMENT

See 740.

CEREBRAL PALSY—NURSING CARE

682. Abel, Marjorie.

Feeding the child with cerebral palsy. Am. J. of Nursing. Sept., 1950. 50:9: 558-560.

Discusses the special feeding difficulties of the cerebral palsied child and his nutritional needs. Types of foods found most suitable are recommended. "The problems to be met in caring for these children are many, but a maximum of common sense and a minimum of emotional tension can help to solve most of them."

CEREBRAL PALSY—OCCUPATIONAL THERAPY

683. Hadra, Ruth.

Developmental factors in the cerebral palsied child. Part I. Crippled Child. Aug., 1950. 28:2:18-19, 29-30.

"The purpose of this article is to call some of these growth factors to the attention of the parents, the therapist and anybody else who is interested in the young cerebral palsy child. The article will be limited to some of the developmental factors apparent in the use of the hand in cerebral palsy children from 18 months to approximately four years, as observed by an occupational therapist."

Part two of this article will appear in the October issue.

CEREBRAL PALSY—PARENT EDUCATION

684. Berg, Margaret A.

Prepare your child for school. Crippled Child. Aug., 1950. 28:2:6-7, 28.

Based upon one parent's experience at the Cerebral Palsy Summer Training School and Parents' Conference of the North Dakota Chapter of the National Society for Crippled Children and Adults, June-July, 1949. Prepared for presentation at the Southern Minnesota Spastic Club's first Family Camp Conference, Camp Patterson, August, 1949.

CEREBRAL PALSY—PHYSICAL THERAPY

685. Cailliet, Rene.

Neuromuscular re-education in the rehabilitation of cerebral palsy. Occupational Therapy & Rehabilitation. Aug., 1950. 29:4:205-214.

"Intensive neuromuscular re-education utilizing active resistive techniques is the most effective means of treatment employed in the rehabilitation of cerebral palsy today. Proper and intensive use of these techniques can change the existing philosophy of 'making the most of the existing disability' to one of returning the patient to more normal physiological function. Some basic concepts of neuro-physiology which have lain dormant in the laboratory may now be utilized to benefit patients. The need and efficacy of psychological treatment, bracing, surgery, and drugs have been amply discussed elsewhere."

CEREBRAL PALSY—SPECIAL EDUCATION

686. Bergheim, Gail Marie (and others)

A study of social and emotional factors related to the rehabilitation of cerebral palsied children and a study of unmet educational needs of 67 cerebral palsied children. Part A, by Gail Marie Bergheim, Gladys Watt Thomas and Frances Wallace; Part B, by Gail Marie Bergheim and Gladys Watt Thomas; Part C, by Frances Wallace. Bryn Mawr, Penn., Bryn Mawr College, 1950. 265 p. Typed. Unpublished.

Thesis submitted to Bryn Mawr College in partial fulfillment for the requirements for the degree of Master of Social Service.

Library has the following sections: Part B: Chapter X. Findings and implications of cerebral palsy conducted at St. Christopher's Hospital for Children.

Part C: Chapter XVII. Summary and conclusions.

CHILDREN--GROWTH AND DEVELOPMENT

687. Carlisle, Verna S.

The pre-school exceptional child. Crippled Child. Aug., 1950. 28:2:20-22, 30.

"It is important to remember that children termed 'exceptional' actually have more similarities to than differences from other children. They are not 'unusual' in all ways--only in certain ones. It is in the early pre-school years that mothers, in playing with and caring for their children, have the opportunity to watch for and recognize symptoms that tell them their children are developing differently from the normal pattern."

See also 683.

CHILDREN'S LITERATURE

688. Huber, Mary.

A child's first book. Crippled Child. Aug., 1950. 28:2:23, 29.

A brief bibliography of children's books is presented here with short annotations. The list includes titles, authors, and names and addresses of publishers. "The aim of the author is mainly to give some example of the type of book that will make language attractive to the very young child, and particularly the child who may be having some difficulty in language development."

CHRONIC DISEASE

689. U.S. Public Health Service. Division of Chronic Disease.

(Public health service publications, no. 1-7). (Washington, The Div., 1950)

Library has:

1. Conservation of hearing. 1950. 8 p.
2. Long term illness. 1950. 8 p.
3. Conservation of vision. 1950. 8 p.
4. Medical rehabilitation. 1950. 8 p.
5. Home care. 1950. 8 p.
6. Obesity. 1950. 8 p.
7. Multiple screening. 1950. 8 p.

This series of very attractive 8-page brochures by many drawings, charts, and brief text outlines the scope of the problem of chronic illnesses.

Available to public health agencies and other organizations concerned in community planning in chronic disease. Distributed by Division of Chronic Disease, U. S. Public Health Service, Washington 25, D. C.

CONGENITAL DEFECT

690. Lester, Charles W.

Funnel chest, its cause, effects, and treatment. J. of Pediatrics. Aug., 1950. 37:2:224-230.

"Funnel chest is a congenital deformity with familial tendencies which is characterized by a funnel-shaped deformity of the anterior chest wall. It has serious physical, physiologic, and psychologic effects. The treatment is surgical, the results are uniformly good, and almost complete correction can be obtained if the operation is performed before the age of 5 years."

691. McCarroll, H. Relton.

Clinical manifestations of congenital neurofibromatosis. J. of Bone and Joint Surgery. July, 1950. 32-A:3:601-617, 626. Reprint.

"An attempt has been made to enumerate or describe briefly the various clinical manifestations which may be associated with congenital neurofibromatosis. In some instances the direct relationship can be proved, but in the majority of cases this has to be assumed. The frequency with which these various questionable manifestations are associated with unmistakable signs of neurofibromatosis, however, and the tissue characteristics which are found so commonly in all cases of soft-tissue

CONGENITAL DEFECT (continued)

hypertrophy, represent strong presumptive evidence that all may arise from a common etiology,—a primary developmental defect of the nervous system."

See also 706, 707, 732.

CONGENITAL DEFECT--ETIOLOGY

692. Chapple, Charles C.

Abnormalities of infants resulting from non-genetic factors. Postgraduate Medicine. May, 1950. 7:5:323-328. Reprint.

This article emphasizes causes other than hereditary for some congenital defects. Examples are given to illustrate the fact that other causes of fetal defects may exert their influence upon the mother and affect the fetus as an indirect result, and, presumably, some may affect the fetus directly.

CONGENITAL DEFECT--MEDICAL TREATMENT

693. Voris, Harold C.

Neurosurgery in young children. Archives of Surgery. May, 1950. 60:906-943. Reprint.

"This article deals with various neurosurgical lesions that occur in the first two years of life," namely, spina bifida, cranium bifidum, cranial stenoses, hydrocephalus, cranial injuries, intracranial infections, intracranial neoplasms.

"The successful management of neurosurgical problems in the infant and the young child requires special knowledge of the anatomy and physiology of the central nervous system at this age and the application of certain special technics and methods. ...Infants and young children must not be operated on without immediate adequate replacement of blood and body fluids that are lost. During the immediate postoperative course, especial attention must be paid to body temperature and to the maintenance of an adequate fluid intake. It may be necessary to drain or tap the ventricles, and constant nursing care is imperative."

DEAF

694. Molyneaux, Dorothy M.

The rehabilitation of the hard of hearing. Chicago, NSCCA, 1950. 4 p. Mimeo.

Prepared for Speech Rehabilitation Symposium, Scientific Exhibit, American Medical Association, San Francisco, June 26-30, 1950.

The discovery and diagnosis of hearing impairments in children, the initiation of aural rehabilitation, and the phases of an aural rehabilitation program are discussed in this article. Emphasis is placed on the importance of early diagnosis, positive suggestions and information to the parents, and prompt enrollment in a school designed especially to meet the needs of the hard of hearing child.

Single copies free from the Library, National Society for Crippled Children and Adults.

DEAF--PROGRAMS--CONNECTICUT

695. Browne, Florence A.

Finding the hard-of-hearing child. Connecticut Health Bul. Aug., 1950. 64:8:211-216.

This article describes the personnel, policies, results, and estimated costs of the hearing testing program of the Bureau of Maternal and Child Hygiene of the State Department of Health.

DEAF--PROGRAMS--WISCONSIN

696. Wisconsin. Bureau for Handicapped Children.

Hearing. (Madison) The Bureau, 1950. 8 p. Mimeo.

DEAF--PROGRAMS--WISCONSIN (continued)

Wisconsin has developed a program for deaf and hard-of-hearing children, which includes not only screening and audiometric testing but also medical treatment and parent education. This paper describes the Wisconsin program in these aspects.

Distributed by the Wisconsin Bureau for Handicapped Children, 146 North Capitol, Madison 2, Wisconsin.

DENTAL SERVICE

697. Gelbard, M. B.

Dental care at hospital-school. Welfare Bul., Ill. Department of Public Welfare. June-July, 1950. 41:6-7:20.

"Since oral health is an important facet of total physical health, the dental service of the Hospital-School performs an important function by restoring and maintaining the oral health of the child patients."

A brief account of special dental problems of the severely handicapped children at the Illinois Hospital-School, Chicago.

DIABETES

698. Hartmann, Alexis F.

Diabetes mellitus in infants and children: I. Information for parents, by Alexis F. Hartman and E. Elizabeth Bryan. J. of Pediatrics. Aug., 1950. 37:2. Supplement pages 1-14.

"Since the knowledge that your child has diabetes may be very disturbing to you, this material has been prepared to enable you to become more familiar with the condition and to convince you that treatment should be very satisfactory and not too difficult."

DIABETES--RECREATION

699. McCullagh, E. Perry (and others).

A summer camp for diabetic children, by E. Perry McCullagh, Philip W. Russell and R.E. Schneckloth. Ohio State Med. J. May, 1950. 46:5:452:454. Reprint.

"A short description is given of a summer camp for diabetic children in Ohio, outlining its facilities and the method of management used during the 1949 season. Clinical experience is considered briefly, including remarks about the blood sugar tests, the type of insulin therapy used, and the readjustment of insulin doses and diets. The complications of diabetes which were encountered included insulin reactions, ketosis, hepatomegaly, and in one child early diabetic retinopathy. Follow-up studies indicate that insulin readjustments made at camp are valuable for many subsequent months. It is evident that summer camping experience is of psychologic and therapeutic benefit to the diabetic child."

DRUG THERAPY

700. Proceedings, Staff Meetings of the Mayo Clinic. Aug. 16, 1950. 25:17:474-504.

Title of issue: Symposium on cortisone and ACTH in clinical medicine.

"The purpose of this symposium is to acquaint the members of the Clinical Society of the Mayo Clinic with the present status of the investigations which have been carried on with cortisone and ACTH at the Clinic during the last year."

EMPLOYMENT (INDUSTRIAL)

701. Felton, Jean Spencer

Utilizing the handicapped in industry. J. of Rehabilitation. July-Aug., 1950. 16:4:21-23.

The writer, the medical director at the Oak Ridge National Laboratory, has outlined the Laboratory's program for the rehabilitation of the injured and handicapped workers.

EPILEPSY--MEDICAL TREATMENT

702. Bercel, Nicholas A. (and others)

Mesantoin in epilepsy; report of 80 cases, by Nicholas A. Bercel (and others). J. Am. Med. Assn. Aug. 26, 1950. 143:17:1460-1462.

"The anticonvulsant effect of mesantoin (3-methyl 5, 5-phenylethylhydantoin) has been amply demonstrated since it decidedly reduced the number of seizures in patients not responding to other medication. In some cases in which toxic symptoms necessitated discontinuation of previous medication, mesantoin therapy was tolerated and effective, and in some cases of mesantoin intolerance to hydantoin sodium (dilantin) and phenobarbital were tolerated and effective. Toxic effects may occur with mesantoin particularly when used beyond tolerance or when added to other heavy anticonvulsant medication. The most serious toxic effects were hematologic. It is questionable whether they are greater than with hydantoin sodium or trimethadione (tridione). More gradual administration will probably reduce toxic complications. Mesantoin is worthy of trial as the sole or primary anticonvulsant in order to permit comparative evaluation with the older anticonvulsants, such as phenobarbital and hydantoin sodium. As an adjunct to therapy in refractory cases, its position is already established."

703. Merritt, H. Houston.

Anticonvulsant drugs, by H. Houston Merritt and Sidney Carter. Med. Clinics of North America. Mar., 1950. 34:2:341-350. Reprint.

"The elimination, when possible, of causative or precipitating factors and the regulation of physical and mental hygiene are an important part of the treatment of epilepsy. Success in the management of the majority of the cases, however, depends upon the ability of the physician to control the seizures by the use of anticonvulsant drugs. The treatment of patients with convulsive seizures can not be standardized and all of the available drugs should be tried. If one is not successful when used alone, it should be administered in combination with one or more of the other drugs. The most common cause of failure is the administration of inadequate dosages."

HEMIPLEGIA

See 737.

HEMIPLEGIA--DIAGNOSIS

704. Bender, Morris B. (and others)

Extinction phenomenon in hemiplegia, by Morris B. Bender, Mortimer F. Shapiro and Arthur W. Schappell. Archives of Neurology and Psychiatry. Dec., 1949. 62: 717-724. Reprint.

"In a series of 50 patients with hemiplegia due to cerebral disease, it was discovered that 29 showed some degree of sensory impairment on routine testing with single stimulations. However, with the methods of double simultaneous stimulation, 44 of the patients showed alterations in sensation. The types of deficits which might be elicited with the methods of double simultaneous stimulation are extinction, obscuration and displacement of a sensation. The patterns of the alterations in sensation found in extinction, obscuration and displacement are discussed."

HIP--DIAGNOSIS

705. Russell, Lyle W.

Hip disorders in children; a differential diagnosis. Illinois Med. J. May, 1950. 97:5. 5 p. Reprint.

"In establishing a diagnosis of one of the several disorders which may occur in the hips of children, one must combine a careful history and physical examination, roentgenographic and laboratory studies and often joint aspiration and biopsy. The most important of the diagnostic aids for each of the conditions under consideration, however, may be given in summary as follows: (A) History, physical examination and

HIP--DIAGNOSIS (continued)

roentgenograms for all the congenital disorders, coxa plana and epiphyseolysis; (B) Laboratory studies and joint aspiration for the infections; (C) Roentgenograms and biopsy for the bone tumors."

HIP--DISLOCATION

706. Hart, Vernon L.

Congenital dislocation of the hip in the newborn and in early postnatal life. J. Am. Med. Assn. Aug. 12, 1950. 143:13:1299-1303.

"If general practitioners, pediatricians, roentgenologists and orthopedic surgeons work together, then the knowledge of congenital dysplasia of the hip joint gradually will increase and the dysplastic sequelae gradually will diminish."

HYDROCEPHALUS--MEDICAL TREATMENT

707. Nesik, William A.

Treatment of hydrocephalus by ventriculomastoidostomy. J. of Pediatrics. Aug., 1950. 37:2:190-194.

"The case report of a patient with marked hydrocephalus who was treated by ventriculomastoidostomy three years before is presented here. Continuous ventricular drainage has been maintained for this period of time, over a hitherto undescribed pathway. Brief mention is made of the advantages and disadvantages of this procedure."

LARYNGECTOMY

708. A symposium: speech without a larynx. Hospital Progress. Aug., 1950. 31:8:237-241.

A resume of the panel discussion of the laryngectomized patient's rehabilitation which took place May 2 at Mother Concordia Hall, St. Louis University School of Nursing. The panel discussion was of special interest because it stressed essential aspects of this particular condition with unusual thoroughness."

MENTAL DEFECTIVES

709. Bakwin, Harry.

Feeble-mindedness and pseudofeeble-mindedness. J. of Pediatrics. Aug., 1950. 37:2:271-280.

"The term feeble-mindedness is broad and includes a large number of widely different conditions, related only by the fact that mental power is reduced to a level which is compatible at best with a low order of performance. Lewis has divided the feeble-minded into two groups. The first and by far the larger consists of individuals whose deviation is physiologic and quantitative rather than pathologic and qualitative...The second group is made up of individuals who are definitely abnormal. In them the defect is associated with other pathologic conditions, e.g., amaurotic family idiocy, kernicterus."

MENTAL DEFECTIVES--ETIOLOGY

710. Gerver, Joan M.

Intelligence quotient of children who have recovered from erythroblastosis fetalis, by Joan M. Gerver and Richard Day. J. of Pediatrics. Mar., 1950. 36:3:342-348. Reprint.

"The average intelligence, as measured by the Stanford-Binet Scale, of a group of sixty-eight children recovered from erythroblastosis fetalis without suffering obvious motor nerve damage was found to be lower than that of their unaffected older brothers and sisters. Statistical analysis indicates that the inferiority is not likely to have resulted from chance nor from the circumstance that the affected child was always younger than his control sibling. The extent of the impairment is slight, the mean difference in I.Q. being only 11.8, so that there is no occasion for altering the usual custom of giving a good prognosis to the parents of a child who has apparently recovered from erythroblastosis without suffering motor nerve injury."

MENTAL DEFECTIVES--PARENT EDUCATION

711. Jensen, Reynold A.

The clinical management of the mentally retarded child and his parents. Am. J. of Surgery. May, 1950. 106:11:830-833. Reprint.

A workable method for helping parents of mentally retarded children has been developed at the University of Minnesota Hospital. The keynote is the approach to the parents. The basic principles of this approach and the three important results in the past five years are discussed.

MENTAL HYGIENE

712. Doll, Edgar A.

Understanding the handicapped. Crippled Child. Aug., 1950. 28:2:10-12.

"The handicapped are crippled to a certain degree and in a certain direction. The rest of their personalities are likely to be not handicapped. We must concentrate on what is left...The child needs understanding, self-expression and acceptance by others as well as by himself. These factors are as important as good care and treatment."

MOVING PICTURES--CATALOG

712. U. N. Educational, Scientific and Cultural Organization.

Child welfare films, an international index of films and film strips on the health and welfare of children, prepared by the United Nations Educational Scientific and Cultural Organization (UNESCO) and the World Organization (WHO). (Geneva) UNESCO, 1950. 212 p., illus.

Films on child health and welfare subjects are listed and described under the name of the country in which they were produced. A classified subject index is also included.

MULTIPLE SCLEROSIS--DIAGNOSIS

714. Eisele, C. Wesley (and others)

Brucellosis and multiple sclerosis, by C. Wesley Eisele, Norman B. McCullough and Grace A. Beal. J. Am. Med. Assn. Aug. 26, 1950. 143:17:1473-1481.

"No evidence of a relation between brucellosis and multiple sclerosis was found by the use of Brucella agglutination tests, opsonocytophagic tests and brucellergen skin tests performed on 52 patients with multiple sclerosis."

715. Spicknall, Charles G. (and others)

Relation of brucellosis and multiple sclerosis, by Charles G. Spicknall (and others). J. Am. Med. Assn. Aug. 26, 1950. 143:17:1470-1473.

"The evidence presented here fails to support the previously suggested impression that there is a strong and consistent relation between brucellosis and multiple sclerosis."

OLD AGE--PSYCHOLOGICAL TESTS

716. Fox, Charlotte.

Intellectual deterioration in the aged; agreement between the Wechsler-Bellevue and the Babcock-Levy, by Charlotte Fox and James E. Berrin. J. of Consulting Psychology. Aug., 1950. 14:4:305-310.

"The purpose of this study was to investigate the agreement of the Wechsler-Bellevue Deterioration Quotient (DQ) and the Efficiency Index of the Babcock-Levy test in 60-69 year old individuals not suffering from disease which presumably might affect intellectual functioning...The two tests showed a correlation which was not significantly greater than zero...The results of this study can offer no evidence as to the validity of the tests in detecting deterioration in young individuals who might exhibit intellectual impairment as a result of disease or trauma."

OSTEOCHONDRITIS

717. Pike, Maurice M.

Legg-Perthes disease; a method of conservative treatment. J. of Bone and Joint Surgery. July, 1950. 32-A:3:663-670.

"Prolonged avoidance of weight-bearing offers the best opportunity for near-normal restoration of the bone structure of the hip in Legg-Perthes disease. Enforced recumbency is the best method of ensuring this result. This treatment may best be carried out in an institution, where schooling, physical therapy, and medical care are constantly available."

PARALYSIS—MEDICAL TREATMENT

718. Harmon, Paul H.

Surgical reconstruction of the paralytic shoulder by multiple muscle transplantations. J. of Bone and Joint Surgery. July, 1950. 32-A:3:583-595. Reprint.

The outcome in all five cases reported here "has been good, with results superior, both in range of motion and in satisfaction to the patient, to those which would have been obtained by shoulder arthrodesis. Some qualification of this statement is necessary in two of the cases. Motion in abduction was limited to a little less than 90 degrees in Case 4, due to unyielding contractures of the muscles about the scapula. Ease of fatigue was demonstrated in Case 5; this result was probably associated with poor scapular fixation, due chiefly to a weak serratus anterior. Utilization of the pectoralis major for transplantation would have improved the final outcome, but the second operation was not permitted. The results in Cases 1, 2 and 3 were ideal."

See also 731.

PARALYSIS AGITANS—MEDICAL TREATMENT

719. Effron, Abraham S.

A clinical evaluation of certain antihistamic and antispasmodic drugs in Parkinson's disease, by Abraham S. Effron and Peter G. Denker. J. Am. Med. Assn. Sept. 2, 1950. 144:1:5-8.

"The comparative effects of artane, diphenhydramine (benadryl) hydrochloride, methapyrilene (histadyl) hydrochloride, scopolamine hydrobromide, tripeleminamine (pyribenzamine) hydrochloride, phenindamine (thephorin) tartrate, mephenesin (tolserol) and combinations of some of these drugs were studied in 80 unselected patients with Parkinson's disease... Best results were obtained with phenindamine tartrate and artane, phenindamine tartrate and scopolamine hydrobromide and diphenhydramine hydrochloride and scopolamine hydrobromide. Eighty to ninety-five per cent of the patients derived benefit from these combinations. However, the degree of improvement was greatest with phenindamine tartrate plus artane."

PARAPLEGIA—EQUIPMENT

720. Shear, Henry R.

A triceps-substitute brace for quadriplegics, by Henry R. Shear and A. Estin Comarr. Archives of Physical Medicine. Aug., 1950. 31:8:518-520.

"A triceps-substitute brace is described which serves a threefold purpose in the constant endeavor to guide the paralyzed patient toward self dependency. It replaces the absent triceps function and restores the lost equilibrium to the elbow joints; it serves as a cock-up splint for wrist and hand and it permits the use of eating, writing or other devices essential for daily comfort."

PARAPLEGIA—FICTION

See 741.

PARAPLEGIA--MEDICAL TREATMENT

721. Staub, Philip L.

Orthopedic surgery on paraplegic patients. Am. J. of Surgery. May, 1950.
74:5:717-721. Reprint.

"Orthopedic surgery on paraplegic patients can be undertaken with safety. It has been used on paraplegics to improve gait and stability, to eliminate the need of an orthopedic appliance or to better a difficult nursing problem. In addition, orthopedic surgery can be a valuable asset in the treatment of Pott's paraplegia. A review of twenty-one orthopedic procedures on fourteen paraplegic patients is presented."

PHYSICAL MEDICINE

See 676.

POLIOMYELITIS--MEDICAL TREATMENT

722. Bennett, Robert L.

Physical medicine and rehabilitation in poliomyelitis. Modern Medicine. Aug. 1, 1950. 18:15:43-48.

Some of the basic requirements for the care and treatment of the after effects of acute anterior poliomyelitis are outlined briefly in this article. "These basic requirements, coupled with a deep sense of responsibility to see the patient through the many years of recovery and adaption, are essential to adequate care. Unless these requisites can be met, the physician must not take over a problem so difficult and exacting as that presented by the after effects of poliomyelitis."

REFUGEES

723. International Refugee Organization

S.O.S.; a call from 100,000 of your neighbors in distress. Geneva, The Organization 1950. 31 p., illus.

This pamphlet explains the reasons why 100,000 displaced persons are barred from resettlement in other countries unless individuals and groups, as well as governments, hear their plea and respond. Three-fourths of them, although able and healthy, are disqualified for such reasons as having but one leg or eye--or a member of the family so handicapped--by being a widow with children, or by being a man over 45. The other fourth are the aged, severely handicapped and chronically ill. Their only hope is for individuals and agencies to contribute to their support and for countries to permit them entrance. The stories of 27 persons are told to illustrate their plight and to show what can be done to help them.

Distributed by the Office of Public Information, International Refugee Organization, 1346 Connecticut Avenue, Washington 6, D. C.

REHABILITATION

724. Porter, Edgar B.

What is rehabilitation? J. of Rehabilitation. July-August, 1950. 16:4:3-7.

The term "rehabilitation" has come to be used widely within the past twenty-five years; it means different things to different people. The author of this article discusses the various meanings. He, himself, believes that rehabilitation is "a state of individual well-being resulting from the elimination or reduction of handicap to the fullest possible extent...The dignity of the individual is held sacred. The right of the individual to achieve maximum usefulness and happiness is respected. The privilege of the individual to determine his own level of achievement is honored. It is the person, not the program, that is of overwhelming importance."

REHABILITATION CENTERS--OHIO

725. Greve, Bell.

The Cleveland Rehabilitation Center. J. of Rehabilitation. July-August, 1950.
16:4:8-13.

REHABILITATION CENTERS--OHIO (continued)

A description of the administration and activities of the Cleveland Rehabilitation Center.

RH FACTOR

See 710.

SHELTERED WORKSHOPS--ADMINISTRATION

726. Maloney, Elizabeth.

Intake policies for a sheltered workshop. Crippled Child. Aug., 1950. 28:2:13-15, 28-29.

This is the second of two articles on the sheltered workshop that have appeared recently in The Crippled Child magazine. The first, "Sheltered Workshops," by George Deaver, M. D., appeared in the June, 1950, issue.

SOCIAL SERVICE (MEDICAL)

727. Sensenich, Helene.

Team work in rehabilitation. Am. J. of Public Health. Aug., 1950. 40:8:969-972.

The whole process of rehabilitation is the responsibility of a professional team that includes doctor, nurse, medical social worker, nutritionist, rehabilitation counselor, physical therapist, occupational therapist, and vocational trainer.

SPECIAL EDUCATION

728. Shands, A. R.

A physician's suggestions to the classroom teacher. Crippled Child. Aug., 1950. 28:2:4-5, 28.

"It is inevitable that the teacher can be truly effective only if she understands the physical needs of the child and can help him toward the best use of his abilities. It is their duty to know what to do, or to seek help if the solution is not known, and to be certain that everything possible is done for the physically handicapped children in their classroom."

A talk given before a meeting of classroom teachers at a conference on the handicapped child at the Florida Education Association Annual Meeting, Miami, April 14, 1950.

See also 684; 739.

SPECIAL EDUCATION--PROGRAMS

729. (International Union for Child Welfare)

Education as part of the total plan for the orthopedically handicapped child; Conference of Experts convened in Geneva from 20 to 25 February 1950. International Child Welfare Rev. 1950. 4:2:52-66.

The International Conference of Experts on the Educational Problems of Orthopedically Handicapped Children, convened in Geneva February 20-25, 1950, under the auspices of and in co-operation with UNESCO. The conference was attended by 65 experts from 17 countries, as well as by representatives from 10 inter-governmental and voluntary international organizations.

This issue summarizes the work of the Conference reporting its conclusions, and reprints the following papers presented: Psychological and moral needs of war-crippled children, by Brother Beniamino, Milan; Education and medical treatment, their co-ordination, by Miss M. M. Lindsay, London; and A comprehensive program of services for the handicapped, by Lawrence J. Linck, Chicago.

SPEECH CORRECTION

See 742; 743.

STRABISMUS

730. Lancaster, Walter B.

Crossed eyes in children. Am. J. of Nursing. Sept., 1950. 50:9:535-537.
NS-5330-20 10-2-50

STRABISMUS (continued)

"If any visual difficulty is suspected, the child should be examined by an ophthalmologist to determine whether the eyes are in need of treatment for some defect. If the child has crossed eyes, the ophthalmologist can establish whether the eyes can be made to work together, provided adequate treatment is started early, or whether there is some insuperable obstacle due to which normal binocular vision can never be obtained and only a good cosmetic result is to be expected."

THUMB

731. Goldner, J. Leonard.

An analysis of paralytic thumb deformities, by J. Leonard Goldner and C.E. Irwin. J. of Bone and Joint Surgery. July, 1950. 32-A:3:627-639. Reprint.

"In the early treatment of paralytic deformities of the hand, the prevention of soft-tissue contractures and joint changes is important. Transplantation of the flexor digitorum sublimis of the ring finger to the proximal phalanx of the thumb has given the most satisfactory results in this Clinic, and has fulfilled all the requirements of opposition and increased strength. Before operation is done, certain prerequisites must be fulfilled. The type of surgical procedure used depends upon the existing anatomy of the hand. The result will depend upon the proper choice of procedures."

In same issue: Flexor-tendon grafts in the fingers and thumb, an evaluation of end results, by Joseph H. Boyes, p. 489-499, 531.

TOE

732. Kite, J. Hiram.

Congenital metatarsus varus; report of 300 cases. J. of Bone and Joint Surgery. July, 1950. 32-A:3:500-506. Reprint.

"Cases of metatarsus varus have been divided into two groups. The smaller group, consisting of more severe cases with a strong hereditary tendency and associated congenital deformities, are most resistant to treatment. The patients in the larger group show not hereditary tendency or allied deformities, other than those associated with the feet, and have no fixed deformity of the heel. They respond readily to treatment and show little tendency to recurrence. This group is increasing... Three hundred cases have been studied. The treatment has been by casts and wedgings, similar to those used for the correction of the adduction deformity in club-foot, care being taken not to produce a flat-foot deformity."

TUBERCULOSIS—SPECIAL EDUCATION

733. Gordon, Edward E.

Educational therapy in the rehabilitation of the tuberculous, by Edward E. Gordon and Estelle C. Phillips. Archives of Physical Medicine. Sept., 1950. 31:9:595-599.

"At whatever educational level or with whatever complexity of purpose work activity be administered, the educational therapy unit, as an integral part of the rehabilitation program, provides a therapeutic means of aiding in the prevention of relapse. It assists the patient to restore himself to that degree of complete personal and economic security which will be within the limits of his physical capacity. It enables him to attain through achievement that self-confidence which make for a useful and active life. In short, to paraphrase Plato, his disease may 'prove an unexpected benefit' if the lesion in his lung compels him to reorganize his life."

UNDULANT FEVER

See 714;715.

VOCATIONAL REHABILITATION

734. Reedy, Corbett.

Vocational rehabilitation. Am. J. of Public Health. Aug., 1950. 40:8:966-968.

VOCATIONAL REHABILITATION (continued)

A brief statement discussing the purposes and accomplishments of vocational rehabilitation programs in the United States.

Presented before a Joint Session of the Food and Nutrition, Maternal and Child Health, Medical Care, and Public Health Nursing Sections of the American Public Health Association, at the Seventy-seventh Annual Meeting in New York, N.Y., October 25, 1949.

WALKING

735. McKee, John D.

Down went McGinty; memo to those who must fall. Today's Health. August, 1950. 28:8:40-41, 54.

The writer of this article is a spastic who has spent a great part of his life in the "perpendicular." Like every other spastic with an unsteady gait, he has learned he will fall frequently and that there is an art to falling. He gives three rules for spastics and polio victims if they wish to fall without broken bones and sprains: "Learn to fall; learn to fall forward; learn to fall forward relaxed."

736. Scott, Walter.

Orthopedic treatment of the pigeon-toed child, by Walter Scott and Charles G. Hutter. J. of Pediatrics. Aug., 1950. 37:2:243-248.

"Children with faulty sleeping habits, which lead to twisting deformities of the lower legs, will develop a pigeon-toed gait as a result of internal torsion of the tibiae. Resolution does not occur spontaneously in these children. The deformity may be corrected by the use of a Denis-Browne night splint which holds the feet in an overcorrected position for a period of from four to six months. The 'duck-toed' gait, due to external rotation of the tibiae is discussed."

737. Yamshone, Leonard J.

Ambulation of patients with spastic hemiplegia, further observations, by Leonard J. Yamshon and Clement C. Troensegaard. Archives of Physical Medicine. Sept., 1950. 31:9:599-600.

"It has been noted that elevating the sole and heel of the shoe worn on the normal foot of a patient with spastic hemiplegia is a definite aid in ambulation...To check the effectiveness of a lift on the normal foot, 15 patients with spastic hemiplegia who were wearing a drop foot brace were tested. They were tested in a consecutive, unselected order as they appeared on the roster for gait training at Birmingham Veterans Administration Hospital...In all 15 cases tested a definite improvement in gait was noted. The improvement was immediate. With additional gait training, even greater agility in ambulation was accomplished."

NEW BOOKS IN THE LOAN LIBRARY

AMPUTATION—EQUIPMENT

738. Daniel, Earle H.

Amputation prosthetic service. Foreword by Howard A. Rusk. Baltimore, Williams & Wilkins Co., 1950. 327 p., illus. \$7.00.

"Here is the first complete text on the problems of the amputee. Written in non-technical terms, it covers the types of prosthetic devices available, the preparation of the stump, and the training of the amputee. It includes material valuable to the surgeon who performs the amputation, the specialist in physical medicine, the physiotherapist, the rehabilitation worker, and the limb manufacturer and fitter, and emphasizes the correlation of the work of all these in order to best serve the amputee both physically and psychologically."

AMPUTATION—EQUIPMENT (continued)

"The text material is based on the work done by the Prosthetic Service of the Institute of Physical Medicine and Rehabilitation at the Bellevue Medical Center, of which the author is the Director. Mr. Daniel, himself an amputee, has had many years of experience in making and fitting prostheses and in training amputees in their use."

CEREBRAL PALSY—FICTION

739. Miers, Earl Schenck.

The ivy years. New Brunswick, N. J., Rutgers University Press, c1945. 229 p. \$2.50.

A novel about a college youth as he grows into greater social and intellectual maturity by his activities and association with faculty, fellow students, and townspeople. The young man, as is the author, is cerebral palsied. The novel should be read by all who are concerned with the aim and quality of American college education, but is of special interest to those concerned with the problems facing the physically handicapped of college age.

CEREBRAL PALSY—MEDICAL TREATMENT

740. Pohl, John F.

Cerebral palsy. St. Paul, Minn., Bruce Pub. Co., 1950. 224 p., illus. \$5.00

In this book, the first medical text on cerebral palsy, Dr. Pohl has precisely set forth the treatment procedures developed and proven at the Michael Dowling School for Crippled Children, Minneapolis. Dr. Pohl, an orthopedic surgeon and associate member of the American Academy for Cerebral Palsy, has addressed his book to physicians and medical specialists, and to physical, occupational, and speech therapists.

Contents: The medical problem.—General principles of the plan of treatment.—Relaxation.—Neuro-muscular training: the anterior neck and trunk, the posterior neck and trunk, the upper extremity, the lower extremity.—Developmental patterns.—Walking.—Occupational therapy.—Speech.

PARAPLEGIA—FICTION

741. Wetzel, Donald.

A wreath and a curse. New York, Crown Publishers, c1950. 210 p. \$2.50.

This short novel told beautifully in a direct narrative style is a warmly human story of the helpless efforts of a ten-year-old boy and his older, paraplegic brother to protect their parents' house from the encroaching river. Through the hot summer days the two work hopelessly to reenforce the river bank upon which the house rests. The paralyzed brother, the narrator, observes the indifference of the rest of the family, each excusing himself with other preoccupations. The story, with its inevitable ending, carries with it a moving and urgent comment on the present-day state of man.

SPEECH CORRECTION

742. Heltman, Harry Joseph.

Handbook for remedial speech; rev. ed. Boston, Expression Co., c1948. 202 p. \$3.50.

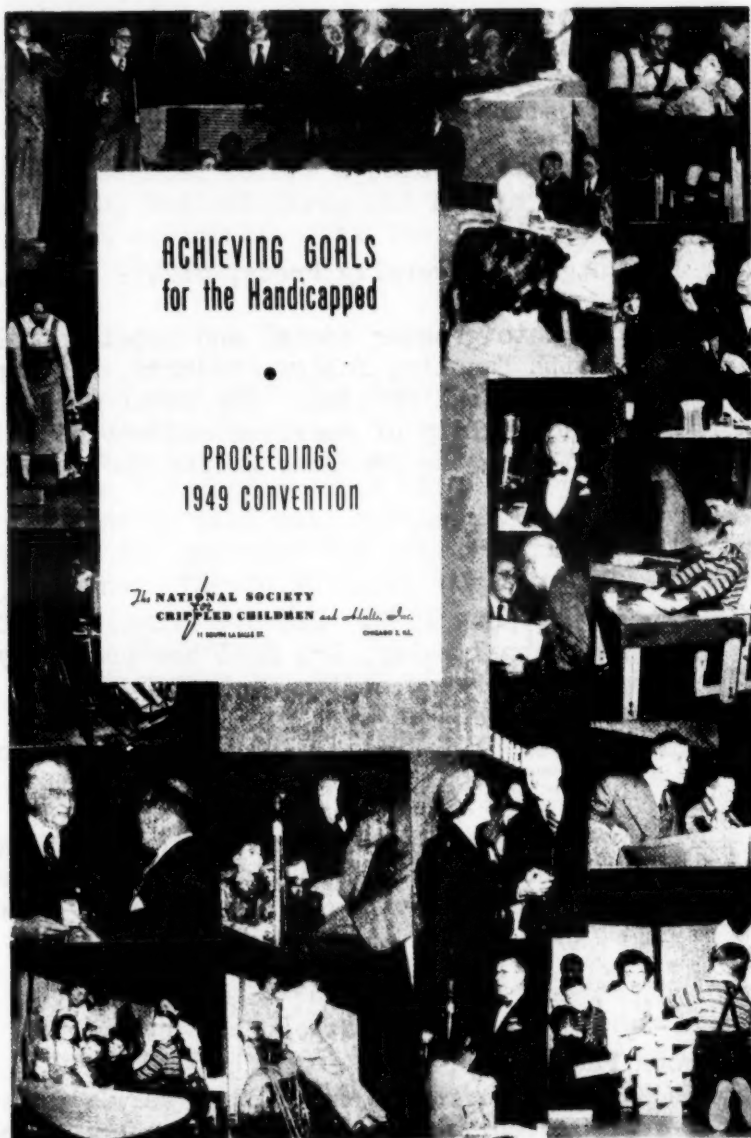
"The primary purpose of this book is to help the elementary school teacher to meet effectively and intelligently the problem of the speech handicaps of her pupils. The procedures are based on scientific principles of speech development and pedagogy, and at the same time the specific methods are more practical than technical."

STUTTERING

743. Heltman, Harry Joseph.

First aids for stutterers; practical steps for prevention and treatment of stuttering. Boston, Expression Co., c1943. 276 p. \$3.50.

"This text is for parents and teachers of stutterers and potential stutterers, and for men and women so handicapped. It offers practical instruction in: 1. Prevention of the disorder. 2. Remedial measures for use in home and school. 3. Self-helps for the afflicted adult."



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